

Implementing a Psychiatric Court Clinic in an Adult Drug Court

Judge Joanne M. Smith

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Ramsey County Adult Substance Abuse Court

June, 2011

History of the Psychiatric Clinic

Defining the Problem

The Psychiatric Court Clinic was created as a partnership between psychiatric professionals and the drug court.

The need for the clinic emerged from the following problems in drug court:

- Co-occurring participants were failing the program.
 - ***During the first years of program operation, 77% of participants were terminated from the program had a mental illness.***
- Co-occurring participants had limited access to the county mental health center.
- Co-occurring participants often had no insurance.

History of the Psychiatric Clinic

Defining the Problem

- Co-occurring individuals cannot navigate the multiple mental health systems alone.
- They often miss appointments in the community.
- They often do not follow through with their prescribed medications.
- The wait for co-occurring participants to see a psychiatrist in the community at the time was four to six months.

History of the Psychiatric Clinic

How it Works

- The Clinic psychiatric nurse is considered a member of the drug court teams.
- The Clinic is within close proximity to the courtroom which increases access for participants.

Inside the Clinic Office



Taking the Clinic on the Road



Our First Two Participants



III

Less severe mental
disorder/more severe
substance abuse disorder

IV

More severe mental
disorder/more severe
substance abuse disorder

I

Less severe mental
disorder/less severe substance
abuse disorder

II

More severe mental disorder/less severe
substance abuse disorder

Key Components of the Drug Court Clinic

I. Assessment and Diagnosis of Mental Illness

- Intake interview based on psychosocial, psychiatric and medical history.
- Any pertinent screening tools used at this time.
- MSE and GAF scoring
- Participants need to have an Axis I mental health diagnosis in order to be accepted into the Clinic.
- Continued evaluation of participant's diagnosis and how it changes with continued abstinence.

Key Components of the Drug Court Clinic

II. Medication Management and Health Education

- How is the participant responding to medication?
- Finding the right medication.
- Education for the participants about their diagnoses, symptom recognition, and symptom management.
- Treatment Planning.
- Referral for mental health case management.
- Referral to group or individual counseling.

Key Components of the Drug Court Clinic

III. Preparation for Community Integration

- Monthly visits with Phase III participants.
- Connect participants to individual for continued psychiatric/medical care after graduation.
- Connect participants to 12-Step meetings specific to co-occurring individuals.

Clinic Participants

At this time, the clinic has served 80 participants

50% are men

50% are women

The average age is: 37.93 years.

70% are Caucasian

18% are African American

4% are Native American

4% are Hispanic

4% are Asian

1% is of Mixed Race

Clinic Participants

Drug of Choice:

47.5% Methamphetamine

46.2% Alcohol

27.5 % Marijuana

25.0% Cocaine

8.8% Opiates

3.8% Benzodiazepines

3.8% Heroin

1.2% Methadone

Court of Entry:

73.8% Drug Court

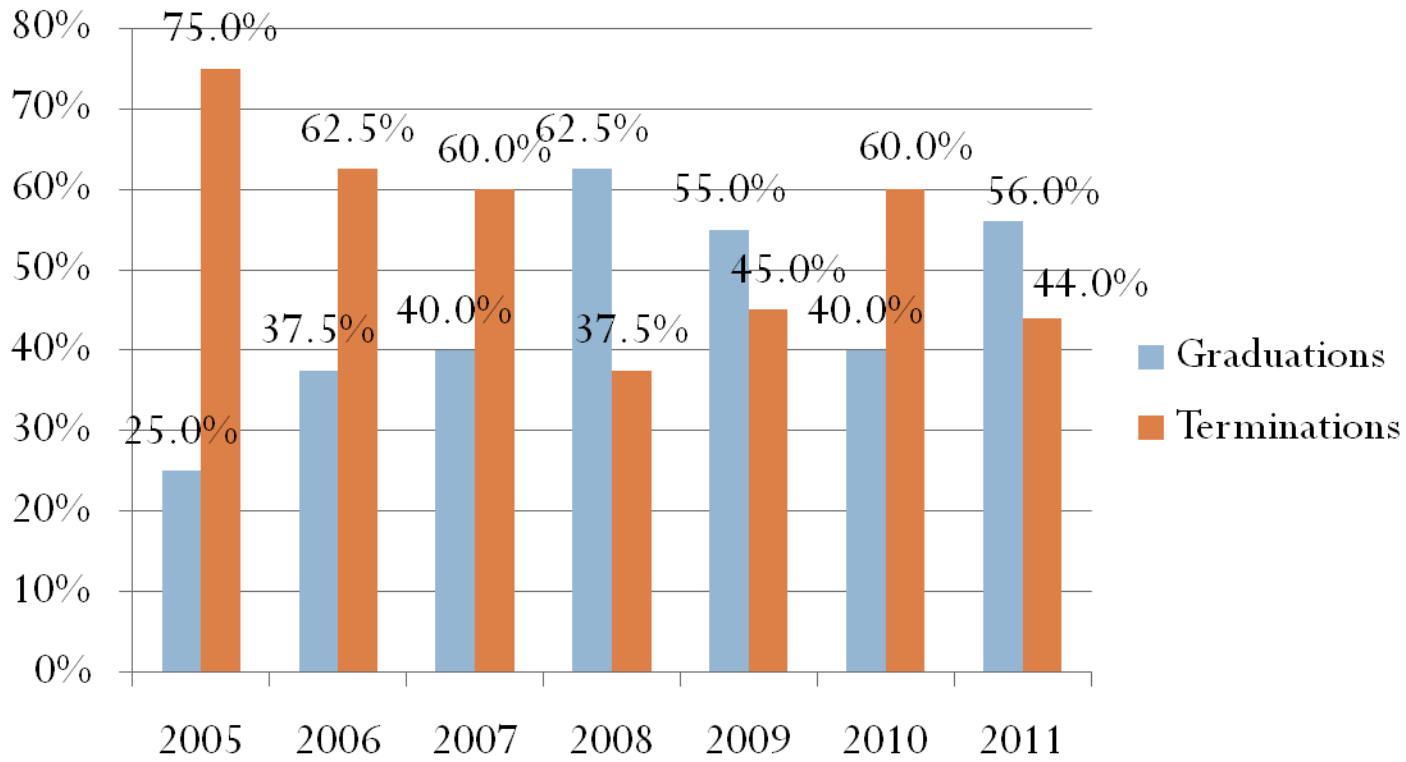
26.2% DWI Court

Clinic Participants

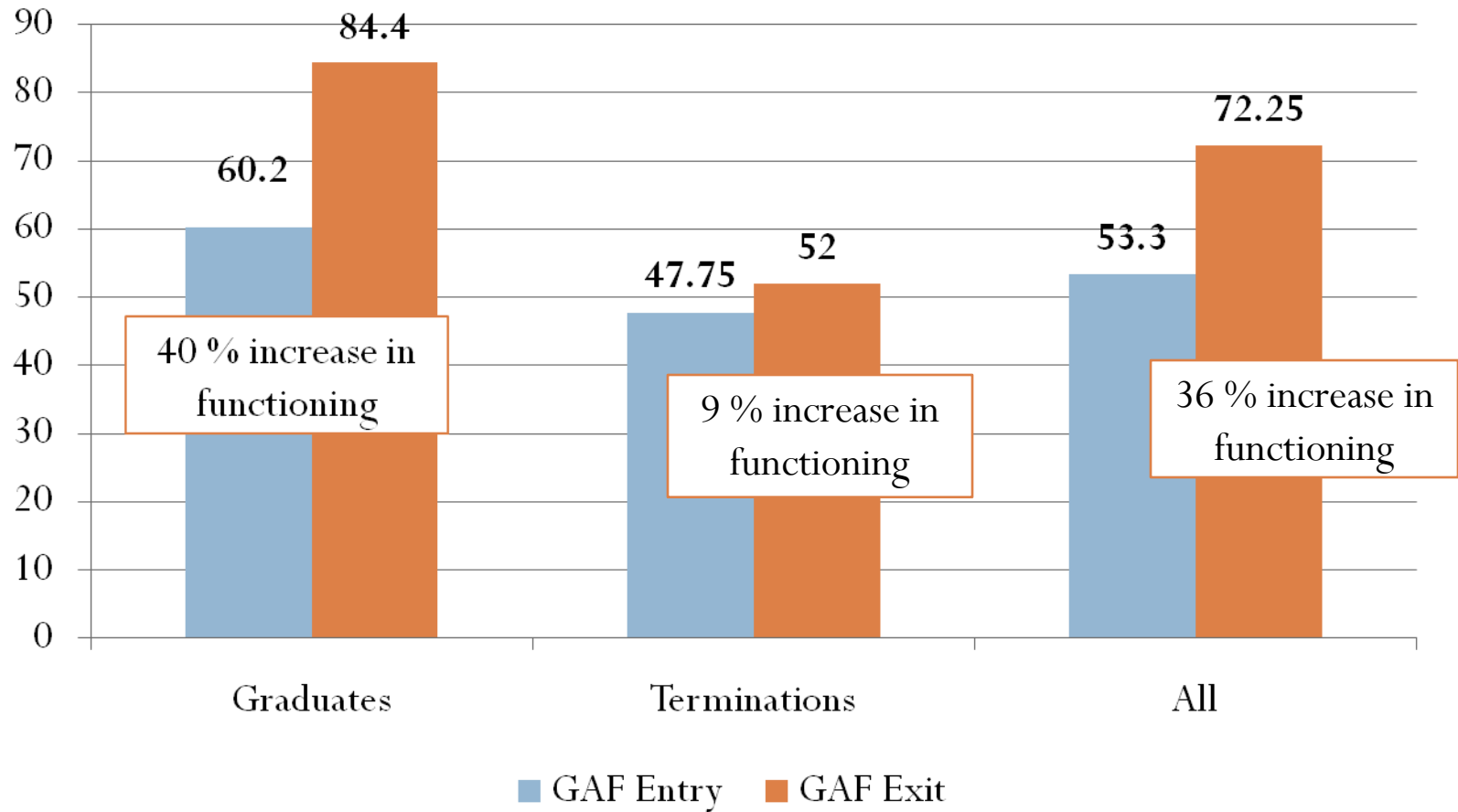
Diagnosis	Percentage	Diagnosis	Percentage
Depression	55.0%	Schizophrenia	2.5%
Anxiety	26.2%	Eating Disorder	2.5%
PTSD	15.0%	Cyclothymia	2.4%
Meth Induced Mood Disorder	13.8%	Dysthymic	1.2%
Bipolar I	11.3%	Drug Induced Psychosis	1.2%
Insomnia	5.0%	Psychosis	1.2%
Bipolar II	3.8%	Post Partum Depression	1.2%
Schizoaffective	3.8%	Attention Deficit Disorder	1.2%
Obsessive Compulsive Disorder	3.8%	Body Dysthormic	1.2%

Completion Rates

Drug/DWI Court Graduates and Terminations by Year



Global Assessment of Functioning (GAF) Scores



Lessons Learned:

- Co-occurring individuals are difficult to treat; however by increasing access to services and intensive supervision, their outcomes improve.
- Co-occurring participants spend more time in the program.
 - In 2008, 67% of Drug Court graduates had a mental illness and took nearly eight months longer to complete the program than graduates without a mental illness.
- People who are best suited for our Clinic:
 - Primary diagnosis is chemical dependency
 - Secondary diagnosis is the mental health diagnosis

Lessons Learned:

- We need to do a better job of integrating them into the mental health community and forging relationships with community partners.
- Global Assessment of Functioning (GAF) has become our way to quantify our outcomes.

Contact Information

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